RENASA
INSURANCE COMPANY LIMITED

CONTINUATION FORM

LINKSAVE
Closing the gap

PERSONAL PARTICULARS

APPLICANT

SURNAME
TITLE
FIRST NAMES
DATE OF BIRTH
ID NUMBER
MEDICAL AID
MEDICAL AID NUMBER
OPTION

DEPENDANTS

NAME AND SURNAME	ID NUMBER	RELATIONSHIP
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Eligible Child means a child **who has not attained the age of twenty one (21)** This age may be extended to twenty five (25) in respect of an unmarried child who is a full time student. There will be no age restriction for children who are either mentally or physically incapacitated from maintaining themselves always provided that the children are wholly dependent on the Principal Insured Member for support and maintenance.

CONTACT DETAILS : Linksave will correspond with you via e-mail & cellphone only. Kindly ensure that these details are completed in full.

POSTAL ADDRESS

POSTAL CODE

PHYSICAL ADDRESS (IF DIFFERENT)

POSTAL CODE

EMAIL ADDRESS

TELEPHONE NUMBERS

WORK
HOME
CELL

MEMBERSHIP CONTINUATION DETAILS

EXISTING POLICY NUMBER

NAME OF PREVIOUS COMPANY
(Employer group membership only)

DATE OF RESIGNATION FROM PREVIOUS COMPANY
(This date must coincide with the date the last premium was funded by the Company)

CONTINUE WITH THE SAME BENEFITS Y N

IF NO, PLEASE STATE NEW PRODUCT CHOICE

14 March 2017

DEBIT ORDER

BANK

BRANCH NAME

BRANCH CODE

CURRENT PREMIUM R

NEW GAP COVER PREMIUM

ACCOUNT TYPE ( ) CURRENT ( ) TRANSMISSION ( ) SAVINGS (No Credit Card Account Accepted)

CONTINUATION DATE Y Y Y Y M M D D ( ) 1ST ( ) 7TH

ACCOUNT HOLDERS NAME

ACCOUNT NUMBER (11 Digits Maximum)

Having applied for the Gap Cover Continuation Option and on acceptance of my application by the insurer, I hereby authorise the insurer to debit my account, for the premiums payable under the above plan monthly in advance, on the first / seventh day of the month, in accordance with the Debit Order System. Such authorisation shall remain in force and effect until cancelled by myself, in writing with one calendar month notice.

Signature of Account Holder

Date

DECLARATION

1. I declare that I have not withheld any information and I accept that this application and declaration shall form the basis of the contract of insurance, which will become effective on the first of the month for which premiums are paid, between myself and any Insurer nominated by Linksave.
2. I confirm that I am currently a full-time member of a Medical Aid.
3. I irrevocably authorise the Administrators to collect any relevant information that deem necessary to assess and underwrite this application.
4. I understand that the grace period of 45 days will be allowed.If premiums are not received within the grace period, the cover will lapse and no benefits will be payable.
5. I have taken note of the Statutory Notice in terms of the Short Term Insurance Act 53 of 1998
6. I agree and understand that should my premium be returned by my nominated Banking Institution, then Linksave may deduct from my nominated bank account the amount specified in terms of their premium collection and policy reinstatement protocol.
7. I understand that Linksave may under certain circumstances decline cover or apply additional waiting periods. I further understand that I will have an opportunity to respond to the decision before cover is incepted.
8. Employees of existing groups may decide within 60 days of resignation to continue their gap cover in their individual capacity. The balance of the underwriting terms relevant to an individual member would then be imposed. I understand that these General Exceptions will be applicable from the date of first joining as a member of Linksave.
9. I agree and understand that should either the Principal Member or any of the dependents ever have been diagnosed with or treated for cancer in the past, then there will be a 12 month exclusion on the **CANCER TREATMENT PROTOCOL** within the policy.
10. I have been made aware of the General Exceptions contained in the Master Policy Document with particular attention to the following 4 exceptions pertaining to my cover:
    a. **A 3-month general waiting period will apply from the date of inception for all procedures other than due to an accident.**
    b. **No benefits shall be payable for an insured event for which the Insured Member received treatment or advice twelve (12) months prior to becoming an Insured Member** (pregnancy and/or child birth related hospitalisation included) . **This exclusion only applies to the first twelve (12) months of an Insured Member's cover.**
    c. **A 12 month waiting period is applicable to any premium waiver claim and Medical Aid Premium benefit claim**
    d. **A 12 month waiting period shall apply from the date of inception for the following procedures : Joint replacements, Spinal surgery, Endoscopic procedures, Tonsillectomies, Adenoidectomies, Myringotomies**

WARNING - DO NOT SIGN ANY BLANK OR PARTIALLY COMPLETED APPLICATION FORMS!

Signature of Applicant

Date

BROKER DETAILS

Broker House

Broker Name

Agent

Broker Signature

Date

PLEASE RETURN TO:

Linksave
Tel: 031 564 8920
Fax: 031 564 8922
Email: underwriting@linksave.co.za

14 March 2017
Linksave (Pty) Ltd is a registered financial services provider, FSP no 45594